

City of Fairfax Police Department

3730 Old Lee Highway
Fairfax, VA 22030



Ride-Along Program Application

Ride-Along Program Eligibility and Application Procedure

A. Program Eligibility

Applicants for the ride-along program **must meet one of the following criteria** to participate in the program:

1. Currently reside within the political limits of the City of Fairfax.
2. Be a member of a civic organization or employee of a business located within the City of Fairfax.
3. Be a police employee with the City of Fairfax Police Department or have current employment in the law enforcement field with another agency.
4. Be enrolled as a student in an accredited law enforcement program. Must provide a college transcript with the ride-along application and student identification at the time of the ride-along.
5. Be a family member of an employee of this department.

B. Application Procedure

Applicants must complete a Ride-Along Program Application and submit the completed application to the police department **at least fourteen (14) business days** prior to the requested ride-along date.

DO NOT sign the Waiver Section of the application. **You will be required to sign this section in the presence of a police officer** when you report for your ride-along.

You **must** have your driver's license or other valid photo identification when you report for your ride-along.

You **must be at least eighteen (18) years of age** to participate in this program.

When you arrive for your ride-along, you will be asked to sign the Waiver Section in the presence of an officer.

Once you have completed ALL required sections, turn the entire application into the City of Fairfax Police Department at 3730 Old Lee Highway, Fairfax, VA 22030.

If you have any questions, please call 703-385-7924.

Ride-Along Program Application

To the Ride-Along Applicant,

You are required to complete this application after reading the rules and regulations on page 3 of this application. By signing this application, you acknowledge that you have read, understand and are willing to comply with these rules and regulations. You will be required to sign the Waiver Section on Page 4, in the presence of a police officer, when you report for your Ride-Along.

No application will be processed unless all the required information is provided and you have signed the bottom of this page. Once your application has been processed, you will be contacted prior to your requested Ride-Along date by telephone, or by e-mail, and informed if your application has been approved.

This is a voluntary program conducted in the interest of public enlightenment. The Police Department reserves the right to limit or exclude any person from participation in this program when it is deemed by the Department that the person's participation would not be in the best interest of the police department, of any of its individual members, or the public, or when it might reasonably be construed that a conflict of interest may exist between the applicant and the police department or its mission.

Please complete the following:

Your Full Name: _____

Your Home Address: _____

Your Date of Birth: ____ / ____ / ____ Drivers License Number: _____

Home Telephone: _____ Work Telephone: _____

Your E-mail Address(s): _____

Are you a member of a civil association or City business employee? If yes, give name and position in organization. _____

Using the Program Eligibility List in Section A on Page 1, write your eligibility group number here: _____

Reason you request to ride: _____

Date you request to ride: ____ / ____ / ____ Hours of ride (four-hour time limit): From ____ to ____ .

Is there a specific police officer you would like to ride with ? _____

Have you previously ridden with this department? No: ____ Yes: ____ If Yes, Number of times: _____
(Generally, you are limited to 1 ride per calendar year)

Have you previously been refused participation in this program? Yes: ____ No: ____ Approximate date ? _____

Reason for refusal: _____

Are you currently involved in any potential legal process arising from any traffic or criminal matter as a defendant, plaintiff, or witness? No: ____ Yes: ____ If Yes, explain: _____

Who may we contact in the event of an emergency during your Ride-Along ?

Name: _____ Relationship: _____

Address: _____ Telephone Numbers: _____

I affirm that the information provided in this application is true and correct to the best of my knowledge and belief:

Signature: _____ Date: ____ / ____ / ____

Ride-Along Program Rules and Regulations

1. On the date of your ride-along, you must report to the City of Fairfax Police Department at least fifteen (15) minutes prior to your scheduled ride-along time.
2. You must bring your driver's license or other required photo identification with you when you report for your ride-along.
3. Attire is business casual. No shorts, t-shirts, tank tops, jeans, or sandals. Men's shirts must have collars. Shoes are required. Make sure you bring appropriate outerwear based on weather and temperature.
4. The shift supervisor or Patrol Division Commander will designate with whom you will ride.
5. The shift supervisor may terminate your ride-along at any time if in their opinion your continued participation presents an undue risk, or your conduct, deportment, or sobriety is such that your continued participation is not in the best interest of the department. A complete report stating the reasons for termination will be forwarded to the Patrol Division Commander.
6. Extensions of ride-along time limits may only be made with the approval of the Duty Supervisor or the Patrol Division Commander.
7. You are prohibited from carrying with you during the ride-along any flashlight, binoculars, camera, any type of radio, tape recorder or player, or any similar recording device. Any recording of any kind is strictly prohibited during the ride-along. Participants, including holders of Concealed Carry Permits, are prohibited from carrying any weapon, personal chemical protection device, or restraining device of any kind. Only current full-time sworn law enforcement officers will be authorized to carry their weapon.
8. Participants are observers. You will not exit the police vehicle during any police activity unless directed to do so by a police officer. You will refrain from direct involvement in police functions or conversation with violators, suspects, arrestees, witnesses, complainants, or other members of the public encountered during the course of the official duties of the police officer with whom you are riding.
9. You may be asked to temporarily interrupt your ride-along during hazardous or unusual circumstances. You will immediately comply with such requests and otherwise obey the directions of the police officer with whom you are riding.

I have read and understand the above rules and regulations.

Signature

Waiver of Civil Liability and Indemnification Agreement

In consideration of the City of Fairfax Police Department of Fairfax, Virginia (hereinafter "Police Department") granting me permission to accompany a member of the Police Department as an observer in the Ride-Along Program, I hereby waive any and all rights and claims of liability for damages, losses, personal injuries or death which I might suffer, sustain or cause while participating in the Ride-Along Program. I further waive any and all claims, demands, actions, damages, or suits at law or equity of whatever nature which I have or may hereafter acquire against the City of Fairfax, its Police Department, its elected officials, officers, agents or employees, as a result of my voluntary participation in the Ride-Along Program; and I hereby hold harmless such persons and entities. In the event that a demand or claim, whether groundless or otherwise, is made against the entities and or persons set forth herein, I agree to indemnify those persons and/or entities for all damages, attorney fees and costs incurred in defending said demand or claim.

I further agree to comply with all rules and regulations of the Ride-Along Program and any instructions or orders issued by members of the Police Department in connection with the Ride-Along Program. I certify that I am aware of the potential risk involved in accompanying a Police Officer during the performance of his duties.

*** * * DO NOT SIGN THIS WAIVER NOW * * ***

You will be required to sign the Waiver in the presence of a police officer when you report for your Ride-Along. Please ensure you have your driver's license, or other form of photo identification, with you when you report for your Ride-Along.

I hereby acknowledge that I fully understand the consequences of this waiver and that it is voluntary and intelligent act on my part.

Signature Printed Name Date

Identification Verified and Signature Witnessed by: _____
Officer Signature

DO NOT WRITE ON THIS PAGE – FOR DEPARTMENT USE ONLY

APPROVAL / DENIAL

TO: _____

FROM: Captain _____

☐ Ride-Along Applicant, _____, has been approved to participate in the Ride-Along Program pursuant to the program rules and Departmental Regulations and under your continued supervision and approval.

☐ Ride-Along Applicant, _____, is not approved to participate in the Ride-Along Program. Reason for refusing application:

VERIFICATION OF PROGRAM PARTICIPATION

TO: Captain _____

FROM: _____

The above named participant:

☐ Had their identification verified, signed the Ride-Along Waiver in the presence of an officer, and rode from _____ hours until _____ hours with Officer _____.

☐ Had their Ride-Along time period altered. State reason of time extension or curtailment: _____

☐ Did not appear for the scheduled ride-along.

☐ Canceled their request to participate prior to the ride-along and provided the following reason: _____

This application to be retained for reference in the Ride-Along files of the Patrol Division Commander for one year.